

BUREAU OF INTERNAL AFFAIRS
Investigations Division
General Investigations Section

02 January 2012
CL #1051007

TO: Juan Rivera
Chief
Bureau of Internal Affairs

ATTN: Robert Klimas
Commander
Internal Affairs Division

ATTN: Lt. Susan Clark # 320
Administrative Section
Internal Affairs Division

FROM: Sergeant Majed ASSAF #1778
Internal Affairs Division
General Investigations Section

SUBJECT: **Synoptic Report – Firearm Discharge Incident (ANIMAL)**

RESULTS: **BAC .000**

REFERENCE: **LOG #1051007**
WD #1000001
WD #1000002

INCIDENT LOCATION: [REDACTED]

DATE & TIME: 02 January 2012 @ 0540 hours

OCIC, W/C: Lt. RICHARDS #612

INVOLVED MEMBER(s): Police Officer Patrick LORDE
Star #12405
Employee # [REDACTED]
Unit of Assignment: 004th District
C/S: 04 JUN 2007
DOB: [REDACTED]

Probationary Police Officer Ryan ADAMS
Star #11786
Employee # [REDACTED]
Unit of Assignment: 004th District
C/S: 01 SEP 2010
DOB: [REDACTED]

BUREAU OF INTERNAL AFFAIRS
Investigations Division
General Investigations Section

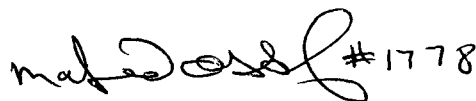
02 January 2012
CL #1051007

NARRATIVE:

R/Sgt received notification from CPIC Police Officer FLORES #15344 at 0600 hours on 02 JAN 2012 regarding a Firearm Discharge Incident in the 004th District.

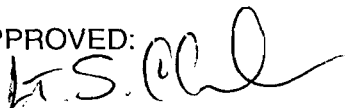
R/Sgt arrived and began the 20 min observation period of P/O Patrick LORDE #12405 and PP/O Ryan ADAMS #11786 at 0756 hours. P/O LORDE and PP/O ADAMS were presented with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" form. The Breath Test of PP/O ADAMS was conducted at 0828 hours and the BAC was .000. The Breath Test of P/O LORDE was conducted at 0831 hours and the BAC was .000. The W/C was notified of the results.

R/Sgt also collected the urine specimen(s) of PP/O ADAMS at 0842 hours and P/O LORDE at 0900 hours.



Sergeant Majed Assaf #1778
General Investigations Section
Internal Affairs Division

APPROVED:



Lt. Susan Clark # 320
Administrative Section
Internal Affairs Division



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Lorde, Patrick Title P/O
Star No. 12405 Employee No. [REDACTED] Unit 004

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

Print Member's Name	Involved Member's Signature	Date and Time
<u>Patrick Lorde</u>	<u>[Signature]</u>	<u>02 JAN 12 0755</u>

Type of Test: Alcohol	Location: <u>2255 E. 103rd St.</u>	Date and Time: <u>02 JAN 12 0831</u>
Type of Test: Drug	Location: <u>2255 E. 103rd St.</u>	Date and Time: <u>02 JAN 12 0900</u>

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name	IAD Supervisor's Signature	Date and Time
<u>Majed Assaf #1778</u>	<u>[Signature]</u>	<u>02 JAN 12 0905</u>

CPD-44.252 (7/10)

DISTRIBUTION: ORIGINAL - TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by M. Assaf #1778

☐ Employer Representative _____

Signature of Employer Representative

PART I -

A. On the 2 day of January, 2012 at 0900, I, Patrick Lorde
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Majed Assaf #1778, and witnessed this member:
(PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number _____

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number _____

EXAMINEE'S SIGNATURE <u>Patrick Lorde</u>	STAR/EMP NO. <u>12405</u>	WITNESS'S SIGNATURE <u>Majed Assaf</u>	STAR/EMP NO. <u>1778</u>
RECEIVING STAFF MEMBER'S SIGNATURE <u>Majed Assaf</u>	STAR/EMP NO. <u>1778</u>	SUPERVISOR'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO.

PART II - The urine specimen with the control number _____ was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

Conry, on 02 JAN 12 at 1040
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____ was removed from the Random Drug Testing Unit refrigerator by _____ (RDTU MEMBER) and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No. PH: 312 300 0000

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Donor Name: Last: [REDACTED] First: [REDACTED]

E. Donor ID Verified: ☒ Photo ID ☐ Emp. Rep. M. Assaf #1778

F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99) Weapons Discharge

G. Drug Tests to be Performed:

☒ BELOW 10-10-2000 LIMIT

H. Collection Site Name: 004 District
Address: 2255 E. 103rd St.
City, State and Zip: Chicago IL

Collection Site Code:

Collector Phone No.: [REDACTED]

Collector Fax No.: [REDACTED]

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split ☒ Single ☐ None Provided (Enter Remark) ☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

☒ M. Assaf
Signature of Collector
(Print) Collector's Name (First, MI, Last)

9:00 AM
Time of Collection
01/02/12
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier ☐ FedEx
☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED
AT LAB: ☒

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen
Bottle Seal Intact

☐ Yes
☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

☒ [Signature]
Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth / /
Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TEST BECAUSE:
☐ DILUTE ☐ ADULTERATED ☐ SUBSTITUTED

REMARKS

☒ [Signature]
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON

☒ [Signature]
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 02 day of JAN 2012, I PO C. Conry # 7094
received a collected urine specimen from Sgt. ASSAF # 1778. The specimen
was delivered in (sealed) unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by PO C. Conry in the presence
of Sgt. ASSAF. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled [REDACTED]

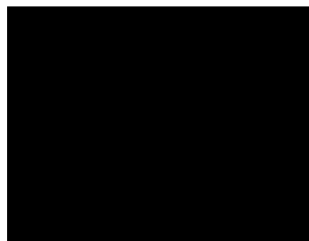
or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by PO C. Conry, as witnessed by Sgt. ASSAF

Specimen delivered by: [Signature] # 1778
Signature

Received/stored by: PO C. Conry # 7094
Signature



TEMPERATURE 21 C

SUBJECT TEST
WBAC TIME

.000 BLANK
.000 AUTO 08:31

SUBJECT



OPERATOR

Assaf A 1778

WITNESS

TEST LOCATION

2255 E 103rd St



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Adams, Ryan Title P.P.O
Star No. 11786 Employee No. [REDACTED] Unit 004

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

Print Member's Name	Involved Member's Signature	Date and Time
<u>Ryan Adams</u>	<u>[Signature]</u>	<u>02 JAN 12 0755</u>

Type of Test	Location	Date and Time
<u>Alcohol</u>	<u>2255 E. 103rd St.</u>	<u>02 JAN 12 0828</u>
<u>Drug</u>	<u>2255 E. 103rd St.</u>	<u>02 JAN 12 0842</u>

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name	IAD Supervisor's Signature	Date and Time
<u>Majed Assaf #1778</u>	<u>[Signature]</u>	<u>02 JAN 12 0855</u>

CPD-44.252 (7/10)

DISTRIBUTION: ORIGINAL - TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by Majed Assaf #1778
☐ Employer Representative _____

Signature of Employer Representative

PART I - A. On the 2 day of January, 2012 at 0842, I, Ryan Adams
 (TIME) (PRINT NAME)
 removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
 same cup, then I delivered this cup containing my urine specimen to Majed Assaf #1778,
 and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

- B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.
- C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.
- D. Close the vial cap.
- E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number _____
- F. Place my specimen in a bag which was _____ e tape. Then I initialed the barcode label on bag with the number _____

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.
_____	_____

EXAMINEE'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>11786</u>	WITNESS'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>1778</u>
RECEIVING STAFF MEMBER'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>1778</u>	SUPERVISOR'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO.

PART II - The urine specimen with the control number _____ was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

Conry, on 02 JAN 12, at 1040
 (STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____
 was removed from the Random Drug Testing Unit refrigerator by _____ (RDTU MEMBER)
 and then delivered to _____, on _____, at _____
 (LAB MEMBER) (DATE) (TIME)

Specimen received by _____
 (LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: First:

E. Donor ID Verified: ☒ Photo ID ☐ Emp. Rep. M. Asa 41778

F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99) Weapons Discharge

G. Drug Tests to be Performed:

H. Collection Site Name: 204 District

Collection Site Code:

Address: 2255 E. 163rd St

City, State and Zip: Chicago IL

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☐ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split ☒ Single ☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X Signature of Collector
(Print) Collector's Name (First, MI, Last)

Time of Collection: 10:47 AM
Date (Mo./Day/Yr.): 01/16/12

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier ☐ FedEx

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.): 1/16/12

Primary Specimen Bottle Seal Intact

☐ Yes

☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.): 1/16/12

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth: Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TEST BECAUSE:
☐ DILUTE ☐ ADULTERATED ☐ SUBSTITUTED

REMARKS

X Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.): 1/16/12

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON

X Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.): 1/16/12

Quest Diagnostics, the associated logo and all associated Quest Diagnostics marks are the trademarks of Quest Diagnostics Incorporated. © Quest Diagnostics Incorporated. All rights reserved. QD0315-SH. Revised 2/10. SC2K-11665

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 02 day of JAN 2012, I PO C. Conry # 7094
received a collected urine specimen from Sgt ASSAF # 1778. The specimen
was delivered in sealed unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by PO C. Conry in the presence
of Sgt ASSAF. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by PO C. Conry, as witnessed by Sgt ASSAF.

Specimen delivered by:

Signature

[Signature]

1778

Received/stored by:

Signature

PO. Conry

7094

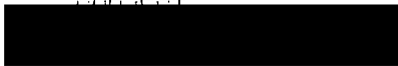


TEMPERATURE 20 C

SUBJECT TEST
%BAC TIME

.000 BLANK
.000 AUTO 08:28

SUBJECT



OPERATOR

Assaf #1778
WITNESS

—

TEST LOCATION

2255 E 103rd St

Last Name: A Jams

First Name: Ryan

Rank: P.P.O

Star #: 11786

Unit: 004

Home Zip Code:

Date Hired: 01 SEP 10

Birthdate:

02 JAN 12

TS

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by Majed Assaf #1778

☐ Employer Representative

Signature of Employer Representative

PART I - A. On the 2 day of January, 2012 at 0842, I, Ryan Adams,
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to Majed Assaf #1778,
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the top of the vial.
I then initialed the evidence tape with specimen ID number

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the number

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>11788</u>	WITNESS'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>1778</u>
RECEIVING STAFF MEMBER'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>1778</u>	SUPERVISOR'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO.

PART II - The urine specimen with the control number [REDACTED] was received and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

Conry, on 02 JAN 12, at 1040,
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____
was removed from the Random Drug Testing Unit refrigerator by _____
(RDTU MEMBER)
and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

STEP 1: EMPLOYER/EMPLOYEE IDENTIFICATION

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No. MRO ID: 50PH050070

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: First:

E. Donor ID Verified: ☒ Photo ID ☐ Emp. Rep. M. Asaf 11778F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99) Weapons Discharge

G. Drug Tests to be Performed:

X 15.0000 50/2000 1/10/17

H. Collection Site Name: 004 District

Collection Site Code:

Address: 2355 E. 103rd St

City, State and Zip: Chicago, IL

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split ☒ Single ☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X

Signature of Collector

Time of Collection

Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier ☐ FedEx☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED
AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen
Bottle Seal Intact☐ Yes☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth

Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TEST BECAUSE:
☐ DILUTE ☐ ADULTERATED ☐ SUBSTITUTED

REMARKS

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 2 - MEDICAL REVIEW OFFICER COPY

CPD 0037092

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 02 day of JAN 2012, I PO C. Conry # 7094
received a collected urine specimen from Sgt ASSAF # 1778. The specimen
was delivered in sealed unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by PO C. Conry in the presence
of Sgt ASSAF. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by PO C. Conry, as witnessed by Sgt ASSAF

Specimen delivered by:

Signature

[Signature]

1778

Received/stored by:

Signature

PO. Conry

7094



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Adams, Ryan Title P.P.O
Star No. 11786 Employee No. [REDACTED] Unit 004

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

Print Member's Name	Involved Member's Signature	Date and Time
<u>Ryan Adams</u>	<u>[Signature]</u>	<u>02 JAN 12 0755</u>

Type of Test: Alcohol	Location: <u>2255 E. 103rd St.</u>	Date and Time: <u>02 JAN 12 0828</u>
Type of Test: Drug	Location: <u>2255 E. 103rd St</u>	Date and Time: <u>02 JAN 12 0842</u>

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name	IAD Supervisor's Signature	Date and Time
<u>Majed Assaf #1778</u>	<u>[Signature]</u>	<u>02 JAN 12 0855</u>

CPD-44.252 (7/10)

DISTRIBUTION: ORIGINAL - TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER

CHICAGO POLICE DEPT
RANDOM DRUG UNIT #1087SW
3510 S MICHIGAN AVE
CHICAGO, IL 60653



LABORATORY REPORT

Quest
Diagnostics

PARTICIPANT NAME		PARTICIPANT ID		ROOM NO.	AGE	SEX	PHYSICIAN
1							
PAGE	REQUISITION NO.	ACCESSION NO.	LAB REF. #	COLLECTION DATE & TIME	LOG-IN DATE	FAX DATE	& TIME
1				01022012 08:42AM	01042012	01042012	10:00AM

REMARKS: Client Site Location:

REASON FOR TEST: WEAPONS DISCHARGE

DONOR ID VERIFIED: PHOTO I.D.

REPORT STATUS	FINAL	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
			IN RANGE	OUT OF RANGE			
REPORT FOR:							
RANDOM DRUG UNIT, #1087SW 3510 S MICHIGAN AVE CHICAGO, IL 60653							
Tests Ordered: 35190N (SAP 10-50/2000 W/NIT)							
Integrity Checks							
Creatinine 212.9 mg/dL >/= 20 mg/dL pH 5.7 4.5-8.9 OXIDIZING ADULTERANTS Negative							
Substance Abuse Panel							
Initial Test Level MS Confirm Test Level							
AMPHETAMINES Negative 1000 ng/mL 500 ng/mL							
BARBITURATES Negative 300 ng/mL 200 ng/mL							
BENZODIAZEPINES Negative 300 ng/mL 200 ng/mL							
COCAINE METABOLITES Negative 300 ng/mL 150 ng/mL							
MARIJUANA METABOLITES Negative 50 ng/mL 15 ng/mL							
METHADONE Negative 300 ng/mL 200 ng/mL							
METHAQUALONE Negative 300 ng/mL 200 ng/mL							
OPIATES Negative 2000 ng/mL 2000 ng/mL							
PHENCYCLIDINE Negative 25 ng/mL 25 ng/mL							
PROPOXYPHENE Negative 300 ng/mL 200 ng/mL							
CERTIFYING SCIENTIST:							
SPECIMEN RECEIVED AND PROCESSED IN THE LENEXA DHHS CERTIFIED LABORATORY.							
LAB Quest Diagnostics-Lenexa 10101 Renner Blvd Lenexa KS 66219							
>> END OF REPORT <<							

Last Name: Lorde
First Name: Patrick
Rank: P/O
Star #: 12405
Unit: 004
Home Zip Code:
Date Hired: 04 JUN 07
Birthdate: 08 Aug 79

02 JAN 12

TS

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by M. Assaf #1778
☐ Employer Representative _____

 Signature of Employer Representative

PART I - A. On the 2 day of January, 2012 at 0900, I, Patrick Lorde
 (TIME) (PRINT NAME)
 removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
 same cup, then I delivered this cup containing my urine specimen to Majed Assaf #1778
 and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

- B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.
- | A | B |
|----------------------|---------------------------|
| MAIN TEST VIAL - NO. | ALTERNATE TEST VIAL - NO. |
| | |
- C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.
- D. Close the vial cap.
- E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number _____
- F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number _____

EXAMINEE'S SIGNATURE <u>Patrick Lorde</u>	STAR/EMP NO. <u>12405</u>	WITNESS'S SIGNATURE <u>Majed Assaf</u>	STAR/EMP NO. <u>1778</u>
RECEIVING STAFF MEMBER'S SIGNATURE <u>Majed Assaf</u>	STAR/EMP NO. <u>1778</u>	SUPERVISOR'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO.

PART II - The urine specimen with the control number _____ was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:
Conry, on 02 JAN 12, at 1040
 (STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____
 was removed from the Random Drug Testing Unit refrigerator by _____ (RDTU MEMBER)
 and then delivered to _____, on _____, at _____
 (LAB MEMBER) (DATE) (TIME)
 Specimen received by _____
 (LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

IDENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No. **FORM NO. 1004500020**

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

First:

E. Donor ID Verified:

☒ Photo ID

☐ Emp. Rep.

M. Assaf #1778

F. Reason for Test:

☐ Pre-employment (1)

☐ Random (3)

☐ Reasonable Suspicion/Cause (5)

☐ Post-Accident (2)

☐ Promotion (22)

☐ Return to Duty (6)

☐ Follow-up (23)

☒ Other (specify) (99) **Weapons Discharge**

G. Drug Tests to be Performed:

☒ 351904 EXP 10-04-2008 U/MTT

H. Collection Site Name:

Address: **004 District**
2255 E. 103rd St.

City, State and Zip: **Chicago IL**

Collection Site Code:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split

☒ Single

☐ None Provided (Enter Remark)

☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X **Majid Assaf**
Signature of Collector
(Print) Collector's Name (First, MI, Last)

9:00 AM
Time of Collection
01/02/12
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier

☐ FedEx

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes

☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X
Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth
Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE

☐ POSITIVE

☐ TEST CANCELLED

☐ REFUSAL TO TEST BECAUSE:

☐ DILUTE

☐ ADULTERATED

☐ SUBSTITUTED

REMARKS

X
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED

☐ FAILED TO RECONFIRM - REASON

X
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 02 day of JAN 2012, I PO C. Conry # 7094
received a collected urine specimen from Sgt. ASSAF # 1778. The specimen
was delivered in (sealed) unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by PO C. Conry in the presence
of Sgt. ASSAF. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by PO C. Conry, as witnessed by Sgt. ASSAF.

Specimen delivered by: [Signature] # 1778
Signature

Received/stored by: PO C. Conry # 7094
Signature

Quest
Diagnostics

PARTICIPANT NAME			PARTICIPANT ID		ROOM NO.	AGE	SEX	PHYSICIAN
[REDACTED]			[REDACTED]					
PAGE	REQUISITION NO.	ACCESSION NO.	LAB REF. #	COLLECTION DATE & TIME	LOG-IN-DATE	FAX DATE	TIME	
1	[REDACTED]	[REDACTED]		01022012 09:00AM	01042012	01042012	10:00AM	

REMARKS Client Site Location:

REASON FOR TEST: WEAPONS DISCHARGE

DONOR ID VERIFIED: PHOTO I.D.

REPORT STATUS	FINAL	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE																																							
			IN RANGE	OUT OF RANGE																																										
REPORT FOR:		<div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> RANDOM DRUG UNIT, #1087SW 3510 S MICHIGAN AVE CHICAGO, IL 60653																																												
Tests Ordered:		35190N (SAP 10-50/2000 W/NIT)																																												
Integrity Checks		Acceptable Range																																												
CREATININE		> 350 mg/dL	>= 20 mg/dL																																											
pH		5.1	4.5-8.9																																											
OXIDIZING ADULTERANTS		Negative																																												
Substance Abuse Panel		<table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th>Initial Test Level</th> <th>MS Confirm Test Level</th> </tr> </thead> <tbody> <tr> <td>AMPHETAMINES</td> <td>Negative</td> <td>1000 ng/mL</td> </tr> <tr> <td>BARBITURATES</td> <td>Negative</td> <td>300 ng/mL</td> </tr> <tr> <td>BENZODIAZEPINES</td> <td>Negative</td> <td>200 ng/mL</td> </tr> <tr> <td>COCAINE METABOLITES</td> <td>Negative</td> <td>200 ng/mL</td> </tr> <tr> <td>MARIJUANA METABOLITES</td> <td>Negative</td> <td>300 ng/mL</td> </tr> <tr> <td>METHADONE</td> <td>Negative</td> <td>150 ng/mL</td> </tr> <tr> <td>METHAQUALONE</td> <td>Negative</td> <td>50 ng/mL</td> </tr> <tr> <td>OPIATES</td> <td>Negative</td> <td>300 ng/mL</td> </tr> <tr> <td>PHENCYCLIDINE</td> <td>Negative</td> <td>200 ng/mL</td> </tr> <tr> <td>PROPOXYPHENE</td> <td>Negative</td> <td>2000 ng/mL</td> </tr> <tr> <td></td> <td></td> <td>25 ng/mL</td> </tr> <tr> <td></td> <td></td> <td>300 ng/mL</td> </tr> </tbody> </table>							Initial Test Level	MS Confirm Test Level	AMPHETAMINES	Negative	1000 ng/mL	BARBITURATES	Negative	300 ng/mL	BENZODIAZEPINES	Negative	200 ng/mL	COCAINE METABOLITES	Negative	200 ng/mL	MARIJUANA METABOLITES	Negative	300 ng/mL	METHADONE	Negative	150 ng/mL	METHAQUALONE	Negative	50 ng/mL	OPIATES	Negative	300 ng/mL	PHENCYCLIDINE	Negative	200 ng/mL	PROPOXYPHENE	Negative	2000 ng/mL			25 ng/mL			300 ng/mL
	Initial Test Level	MS Confirm Test Level																																												
AMPHETAMINES	Negative	1000 ng/mL																																												
BARBITURATES	Negative	300 ng/mL																																												
BENZODIAZEPINES	Negative	200 ng/mL																																												
COCAINE METABOLITES	Negative	200 ng/mL																																												
MARIJUANA METABOLITES	Negative	300 ng/mL																																												
METHADONE	Negative	150 ng/mL																																												
METHAQUALONE	Negative	50 ng/mL																																												
OPIATES	Negative	300 ng/mL																																												
PHENCYCLIDINE	Negative	200 ng/mL																																												
PROPOXYPHENE	Negative	2000 ng/mL																																												
		25 ng/mL																																												
		300 ng/mL																																												
CERTIFYING SCIENTIST:		<div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> SPECIMEN RECEIVED AND PROCESSED IN THE LENEXA DHHS CERTIFIED LABORATORY.																																												
LAB	Quest Diagnostics-Lenexa 10101 Renner Blvd Lenexa KS 66219																																													
		>> END OF REPORT <<																																												